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CONFIRMATION NO. 2180

SERIAL NUMBER 10/806,169	FILING OR 371(c) DATE 03/23/2004 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. SING3001
APPLICANTS Atul Singhal, Residence Not Provided;				
** CONTINUING DATA ***** This application is a CIP of PCT/GB04/00518 02/09/2004				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/01/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature Initials		STATE OR COUNTRY	SHEETS DRAWING 0	TOTAL CLAIMS 8
				INDEPENDENT CLAIMS 1
ADDRESS 23364				
TITLE Newborn infant formulas and feeding methods				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	